

Chronic Disease Indicators: Indicator Definition



Invasive cancer of the oral cavity or pharynx, incidence

Category:	Cancer
Demographic Group:	All resident persons.
Numerator:	Incident cases of cancer with an International Classification of Diseases (ICD)-O-2 or ICD-O-3 (for cases diagnosed after January 1, 2001) code C00–C14.8 and behavior = 3 (malignant, primary site, excluding histologic types M9590–M9989) among residents during a calendar year.
Denominator:	Midyear resident population for the same calendar year.
Measures of Frequency:	Annual number of incident cases. Annual incidence — crude and age-adjusted (standardized by the direct method to the year 2000 standard U.S. population based on single years of age from the Census P25-1130 series estimates*) — with 95% confidence interval.
Time Period of Case Definition:	Calendar year.
Background:	During 2001, cancer of the oral cavity and pharynx caused approximately 7,800 deaths, and 30,100 new cases are diagnosed annually. The 5-year relative survival rate is approximately 50%, among the lowest of most common cancers.
Significance :	Cancer of the oral cavity and pharynx is associated with use of tobacco products and excessive alcohol use. Together, tobacco and alcohol use account for approximately 75% of all oral cancers in the United States. Comparison of rates by stage at diagnosis can be used to measure the effectiveness and coverage of screening programs.
Limitations of Indicator:	Because cancer of the oral cavity or pharynx has a long latency period, years might pass before changes in behavior or clinical practice patterns affect its incidence. If interventions increase screening rates, a transient increase in incidence might be observed.
Data Resources:	Cancer incidence data from statewide central cancer registries (numerator), and population estimates from U.S. Bureau of the Census or suitable alternative (denominator). http://statecancerprofiles.cancer.gov/
Limitations of Data Resources:	Data from certain existing statewide central cancer registries do not yet meet standards for data completeness and quality. Certain newly established state registries have not yet begun to produce surveillance data. Therefore, nationwide estimates calculated from aggregated state data might not include data from each state. However, state registry data should accurately represent state cancer incidence in the majority of states, particularly where completeness and quality of registry data are high.
Healthy People 2010 Objectives:	No objective.

SEER - Standard Populations (Millions) for Age-Adjustment <http://seer.cancer.gov/stdpopulations/>